

# State of Montana



## Department of Administration

PO Box 200127  
Helena, MT 59620  
1-800-287-8266/444-7462  
Fax:406-444-0703



## Welcome New Legislator !

As a member of the Legislature, you are eligible for the State of Montana Employee Group Insurance Benefits. The State provides a comprehensive package of insurance benefits from which to choose.

**Some benefits can only be guaranteed if you enroll within your initial enrollment period, the first 31 days of State employment or eligibility.** Your medical and dental coverage is effective on your **date of hire** (first day of employment) or **the first day of the pay period following receipt of form.** You can expect to receive medical and dental identification cards within **six weeks of returning your forms.**

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$626 per month of employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the **“Core Benefits.”** Enrollment instructions are on page 3. The **“Core Benefits”** consist of :

- ♦ One of the medical plans outlined in this book
- ♦ Dental plan
- ♦ Basic Life Insurance (\$14,000)

There are also **add on benefits** that you may choose in addition to the above core benefits. Each benefit is described in detail within the booklet. They include:

Medical and/or Dental Coverage for dependents

Additional Life Insurance for you and/or your dependents

Long Term Care Insurance

Vision Coverage for you and/or your dependents

## CHOOSE ONE OF THE OPTIONS LISTED BELOW:



### **1. ENROLL FOR COVERAGE:**

Complete the forms listed below. (The forms are included within your packet.)

**A.** For Medical Insurance, Dental Insurance, Pre-tax Plan and Vision Insurance complete the **2009 State of Montana Employee Group Benefits Plan Enrollment/Change form.**

**B.** For Life Insurance complete the **Standard Life Insurance Enrollment/Change Form.**

**C.** To enroll in Long Term Care Insurance you must request a **Long Term Care Insurance Enrollment Kit** from the Health Care and Benefits Division 1-800-287-8266 or 444-7462 in Helena.

Note: During the Legislative session, any out-of-pocket premiums will be deducted from your paycheck, however, after the session, these premiums can be paid directly to the Health Care and Benefits Division on the first day of each month or they can be directly deducted from you bank account. If you choose the direct deduction option, please complete an **Electronic Premium Deduction Authorization Form.**

**-OR-**

### **2. WAIVE PARTICIPATION IN THE GROUP COVERAGE:**

Complete the **2009 Employee Group Benefits Plan Enrollment/Change Form** and check the waiver of coverage box located above Part I of the form.

**-OR-**

### **3. WAIVE COVERAGE AND APPLY THE STATE CONTRIBUTION TO OTHER HEALTH COVERAGE:**

Under this option, the State contribution of \$626.00 could be applied to other health insurance coverage where you experience out-of-pocket premium cost. To choose this option, you must complete the **Option 2 Health Insurance Election Form** (included in your packet), and provide documentation from your insurance provider of your out-to-pocket premium costs. These payments are sent to you directly at the beginning of each month.

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# GLOSSARY

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## **Allowable charges**

A set dollar allowance for procedures/services that are covered by the plan.

## **Benefit year/Plan year**

The period starting January 1 and ending December 31 of each year.

## **Certification/pre-certification**

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

## **Coinsurance**

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

## **Copayment**

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

## **Covered charges**

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

## **Deductible**

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

## **Formulary**

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs. The formulary listing can be found on the Health Care and Benefits website at [www.benefits.mt.gov](http://www.benefits.mt.gov).

## **In-network providers**

Providers who contract with a managed care plan to manage the delivery of care for plan members.

## **Joint Core**

An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum and may have a slightly lower premium than enrolling separately.

## **Managed care medical plan**

Plans that offer first dollar coverage for services such as office visits that are exempt from deductible. These plans also provide differing levels of benefits for in-network and out-of-network providers.

## **Nonformulary**

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

## **Out-of-network provider**

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

## **Out-of-pocket maximum**

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

## **Participating provider**

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

## **Prior authorization**

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# DEPENDENT ELIGIBILITY INFORMATION

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Administered by the Health Care and Benefits Division  
1-800-287-8266 or 444-7462 • www.benefits.mt.gov

## 2009 PLAN YEAR DEFINITION OF ELIGIBLE DEPENDENTS

Eligible dependents include:

1. The eligible employee's lawful spouse or declared domestic partner. Declaration of Domestic Partnership forms may be found on the Health Care and Benefits Division website at www.benefits.mt.gov.

2. The eligible employee's dependent children who are under age 25, unmarried, and not in full-time active military service.

It is the responsibility of the member to remove any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents. **Complete plan rules are defined in the Summary Plan Document (available on-line at www.benefits.mt.gov).**

## DEPENDENT CHANGES AFTER NEW HIRE ENROLLMENT

After the initial enrollment period for a new employee (31 days from hire date), dependent coverage enrollment is only allowed during these circumstances (referred to as qualifying events):

- within 63 days of becoming a dependent (through marriage, or court-ordered support/custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.
- within 63 days after the 31-day automatic coverage period (94 days from birth) after birth or adoption.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

If you have questions regarding your specific situation, please call us at the number above or check out the plan rules described in the Summary Plan Document available on-line at www.benefits.mt.gov.

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# WORKING FAMILIES TAX RELIEF ACT (WFTRA)

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## WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees who cover dependents on their medical, dental, or vision coverage certify the tax status of each dependent. This certification is done at the time of enrollment included on the *2009 Group Benefits Enrollment/Change* form.

## WHO IS AFFECTED

All legislators who cover dependents on medical, dental, or vision coverage.

## REQUIRED DOCUMENTATION

New legislators who decide to elect coverage for dependents must complete the section of the *2009 Group Enrollment/Change* form indicating whether each dependent (spouse, domestic partner, children) is or is not qualified for tax purposes.

This information must be completed and returned to the Health Care and Benefits Division along with your other election forms within 31 days of hire for the appropriate tax application of benefits.

## COMPLETING THE FORM

To assist in completing this form, flow charts (spouse, child, domestic partner) outlining the IRS rules applicable to each of your dependents are also provided for you with your packet.

## TAX CONSEQUENCES

If you return the form indicating that all your dependents are tax qualified, your premiums are eligible for a pre-tax deduction.

If you return the form indicating that all or some of your dependents are NOT tax qualified, premium contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of

Montana (*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income.

If the form does not include the tax status information, premium contributions for dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise. In this case, changes can only be made prospectively.

## TAX STATUS CHANGES

If the tax status of your dependent changes after your initial enrollment, please contact the Health Care & Benefits Division to obtain a form to make the appropriate



# WORKERS' COMPENSATION MANAGEMENT BUREAU

Sponsored by the Health Care and Benefits Division - Department of Administration  
Workers' Compensation Management Bureau  
1-800-287-8266 or 444-7462 • [www.benefits.mt.gov](http://www.benefits.mt.gov)



## GENERAL INFORMATION

### PROGRAM DESCRIPTION

The Workers' Compensation Management Bureau has been charged with developing programs designed to enhance the safety of all work environments, assist our injured workers in their healing process and ensure that all injured State of Montana employees receive the best care possible and are **returned** to work absolutely as soon as possible following on-the-job injuries. This will improve the well-being of all employees and provide for an efficient Workers' Compensation program. This program, sponsored by the Department of Administration, assists agencies in ensuring a safe working environment, reduce the incidents of injuries and accidents in the workplace, and to help employees who are injured to be able to return to meaningful and productive work as soon as possible.

### WHO IS ELIGIBLE

All State employees are eligible for this program. In addition, the Department of Administration will serve as a central resource for agencies in efficient policy management, enhancement of existing safety, loss-prevention, and return-to-work activities as well as facilitating access to these activities for agencies which do not currently have them in place.

### WORKING SAFE - GETTING STARTED

The first step toward keeping yourself and your workplace injury-free is awareness of the safety and loss-prevention tools available to you.

1. Be aware of your environment and head off problems. Participate in safety seminars and programs if available and learn about keeping yourself, your work environment, and your co-workers free from injury.
2. Use proper safety equipment

and follow recommended safety standards and protocols. Get the right equipment for the job and avoid injury (that includes office work – repetitive motion injuries are a significant portion of our experience within the State).

3. Take safety seriously. A moment of distraction or carelessness is all it takes to cause a lifetime of disability.

4. Take responsibility individually for keeping yourself safe and observing the safety of others.

Employees who are eligible for health insurance benefits can also take advantage of the various programs available through their benefits package. The Health Care and Benefits Division offers several programs to enhance and protect the health of State of Montana employees. The Fall and Spring Fitness programs, Annual Health Screenings, *Why Weight* and *Well on the Way* are some of the programs available to State of Montana workers aimed at enhancing overall health and reducing potential for disability.

### Safety Resources

Safety is an integral part of the Workers' Compensation Management program for State employees. Safety newsletters, workshops, posters, incentive programs and articles are key components in communicating effectively. Department of Administration, Department of Labor and Montana State Fund are cooperating to ensure that workers have access to safety management services to reduce the overall number of workplace injuries and illnesses.

Please check within your agency to determine what resources exist as well. Agencies have safety personnel who can assist in making sure you have the resources and information you need.

### FRAUD FINDERS

What is fraud? It is more than an employee faking an injury. It encompasses medical providers authorizing and billing excessive or uncompleted medical services or employers falsifying payroll records to lower premiums. When fraud occurs, it costs all of us and it is **AGAINST THE LAW!** To report suspicious activity, you can either fill out State Fund's **Internet Reporting Form** (accessible from the *On-line Tools/Report Fraud* section of their website), or call their **Fraud Hotline: 888-MTCRIME (888-682-7463)**. All contacts will remain strictly confidential.

### REPORTING AN INJURY

Filing a "First Report of Injury" is the initial step to get injured employees the medical care they need to heal their injury and get them back to work as soon as possible. Injured Employees should report an on-the-job injury as soon as it happens to an assigned staff person or supervisor and file a "First Report of Injury" (FROI) form immediately thereafter. We strongly recommend filing within 24-hours of a reported accident.

### Filing a First Report

Telephone Reporting - Call State Fund at 1-800-332-6102 and a customer service specialist will complete the "first report of injury" with you over the telephone.

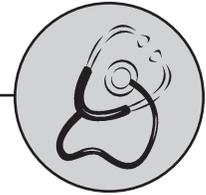
Paper/Hardcopy Reporting - Download the form from the State Fund's website at [www.montanastatefund.com](http://www.montanastatefund.com) and print or type information on the form and mail or fax it to: Montana State Fund, P.O. Box 4759, Helena, MT 59604-4759. State Fund's fax number is 406-444-5963.

On-Line Reporting - You can fill out your First Report of Injury form directly on-line at [www.montanastatefund.com](http://www.montanastatefund.com). However, due to the sensitivity of the information you will be providing, you must log in with a User ID and password. Always make sure you file your personal information from a secured source.

# ANNUAL SCHEDULE OF BENEFITS

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## MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315  
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200  
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325  
www.healthinfonetmt.com

## MEDICAL RATES

Monthly Premiums	New West	Blue Choice	Traditional	Peak
Legislator Only	\$526	\$552	\$590	\$624
Legislator & spouse	\$691	\$710	\$814	\$820
Legislator & children	\$606	\$622	\$712	\$718
Legislator & family	\$704	\$722	\$830	\$836
Joint Core	\$554	\$568	\$646	\$654

## MEDICAL PLAN COSTS

### Annual Deductible

*(Applies to all services unless noted or a co-payment is indicated)*

### Coinsurance Percentages (% of allowed charges member pays)

General

Preferred Facility Services *(See pages 32-33 for a list of preferred facilities)*

Nonpreferred Facility Services *(See page 32 for a list of non-preferred facilities)*

### Annual Out-of-Pocket Maximums

*(Maximum coinsurance paid in the year; excludes deductibles and copayments)*

You pay deductible and coinsurance on allowable charges (see glossary on page 5).

## MEDICAL PLAN COSTS

### Hospital Inpatient Services\*

*\*Pre-certification of non-emergency hospitalization is strongly recommended & required by some plans - see plan descriptions*

Room Charges

Ancillary Services\*

Surgical Services\*

### Hospital Outpatient and Surgical Center Services\*

# BENEFIT YEAR 2009

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## MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable per person, per lifetime on the Plan. The amounts shown below are the amounts that the plan would pay per individual.

**Traditional Plan:** \$2,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

**Managed Care Plans:** \$2,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

<b>TRADITIONAL PLAN</b> Administered by BCBS of MT <b>Benefits</b>	<b>MANAGED CARE BENEFIT PLANS</b> BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan <b>In-Network Benefits</b> <b>Out-of-Network Benefits</b>	
\$600/Member \$1,800/Family	\$425/Member \$850/Family	Separate \$550/Member Separate \$1,100/Family
25% 20% 35%	25%	35%
Average of \$2,500/Member <i>(20% - 35% of \$10,000 in allowable charges)</i> Average of \$5,000/Family <i>(20% - 35% of \$20,000 in allowable charges)</i> <b>Member Coinsurance:</b>	\$2,000/Member \$4,000/Family <b>Member Coinsurance/Copayment:</b>	Separate \$2,000/Member Separate \$4,000/Family <b>Member Coinsurance:</b>
20% - 35%	25%	35%
20% - 35%	25%	35%
20% - 35%	25%	35%
20% - 35%	25%	35%

# ANNUAL SCHEDULE OF BENEFITS

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## MEDICAL PLAN SERVICES

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### Physician/Professional Services (not listed elsewhere)

Office Visits  
Inpatient Physician Services\*

Lab/Ancillary/Injectibles/Miscellaneous Charges\*

### Emergency Services

Ambulance Services for Medical Emergency

Emergency Room *(If there is an inpatient emergency admission, see plan description for authorizing follow up care.)*

Hospital Charges

Professional/Ancillary Charges

### Urgent Care Services

Facility/Professional Charges

Ancillary - Lab/ Diagnostic/Surgical Charges

### Maternity Services

Hospital Charges\*

Physician Charges (including delivery, pre and post-natal office visits) and lab charges\*

Ultrasounds\*

### Routine Newborn Care

Inpatient Hospital Charges

### Preventive Services (see plan descriptions for what services are covered and when)

Adult Exams and Tests

Adult Immunizations (such as Pneumonia and Flu)

Allergy Shots

Child Checkups and Immunizations

### Mental Health Services

Inpatient Services\*

**Max:** One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

### 10 Chemical Dependency Services

# BENEFIT YEAR 2009

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits) 25%	\$15/visit (covers professional charges only) 25%	35% 35%
25%	25% (no deductible on injectibles without an office visit)	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	25%
20% - 35%	25%	35%
25%	0% if member enrolls in a prenatal program in first trimester of pregnancy; 25% without timely enrollment	35%
25%	25% (waived on first ultrasound if member enrolls in prenatal program -see page 21)	35%
20% - 35% (no deductible)	25% (no deductible)	35%
25% (no deductible) <b>Max:</b> 2 bone density tests/lifetime <b>Max:</b> \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (including specified labs) 0% (no deductible) for periodic mammograms 25% for periodic bone density scans, EKG sigmoidoscopies, double contrast barium enemas, proctoscopies & colonoscopies	35% (plan pays \$75.00 for periodic mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible) 0% (no deductible for County Health Department through age 7)	\$15/visit <b>Max:</b> Schedule recommended by US Department of Health & Human Services	35%
20% - 35% <b>Max:</b> 21 days (No max for severe conditions)	25% <b>Max:</b> 21 days/yr (No max for severe conditions)	35% <b>Max:</b> 21 days/yr (No max for severe conditions)
25% <b>Max:</b> 40 visits/yr (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits/yr (No max for severe conditions)	35% <b>Max:</b> 30 visits/yr (No max for severe conditions)
50% <b>Max:</b> 20 visits/yr (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits/yr (No max for severe conditions)	35% <b>Max:</b> 30 visits/yr (No max for severe conditions)

# ANNUAL SCHEDULE OF BENEFITS

## MEDICAL PLAN SERVICES

Inpatient Services\*

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

Outpatient Services\*

With EAP counselor referral

With NO EAP counselor referral

\*\*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/ year after max is met.

## Rehabilitative Services - Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy\*

Inpatient Services\*

Outpatient Services

## Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

## Extended Care Services

Home Health Care\*

25%

Hospice\*

Skilled Nursing\*

## Miscellaneous Services

Disease Process Education & Dietary/Nutritional Counseling

Durable Medical Equipment, Appliances, and Orthotics\* *(Prior authorization required for amounts >\$1,000)*

PKU Supplies

Obesity Management\* *(All plans require prior authorization)*

TMJ Treatment\* *(All plans require prior authorization)*

Infertility Treatment\* *(All plans require prior authorization)*

Bariatric Benefit\* *(see page 14 for more details - requires prior authorization)*

## Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

Transplant Services (including out-of-state travel)\*

• Heart/Lung: \$160,000

# BENEFIT YEAR 2009

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20%-35% Max: Dollar Limit**	25% Max: Dollar Limit**	35% Max: Dollar Limit**
25% Max: 40 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
50% Max: 20 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
20% - 35% Max: 60 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination	\$15/visit Max: 20 visits/yr	35% Max: 20 visits/yr
\$15/visit Max: 70 days/yr	35% Max: 30 visits/yr	Max: 30 visits/yr
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
20% - 35% Max: \$250/yr	0% (no deductible) Max: \$250/yr	35% Max: \$250/yr
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35% (not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)
25%	25% (no deductible)	35%
25%	25% non-surgical only	Not covered
25%	25% surgical only	Not covered
25% 1 in-vitro attempt per lifetime	25% Max: 3 artificial inseminations/lifetime	Not covered
25% Lifetime Max: \$35,000	Not covered	Not covered
25% • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000  • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

# MEDICAL INSURANCE PLANS - 2009



## Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • [www.bluecrossmontana.com](http://www.bluecrossmontana.com)  
New West Health Plan • 1-800-290-3657 or 457-2200 • [www.newwesthealth.com](http://www.newwesthealth.com)  
Peak Health • 1-866-368-7325 • [www.healthinfonetmt.com](http://www.healthinfonetmt.com)

## WHO IS ELIGIBLE?

Employees, Legislators, Retirees, COBRA members and their dependents (spouse, domestic partner, children) of the State Benefit Plan are eligible for the Medical Insurance Plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package. For more information about dependent eligibility, see page 6.



### CLICK ON IT!

Learn more about the participating providers by visiting the plan's web sites at:

[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

[www.newwesthealth.com](http://www.newwesthealth.com)

1. Read about each plan in the General Information section on this page.
2. Review/compare each plan's costs, deductibles and services in the Schedule of Benefits starting on page 8 or through the SOME information resource available on the MINE or [benefits.mt.gov](http://benefits.mt.gov).
3. Review your typical health care needs compared with the structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 29-31.
5. Determine which plan will work best for your personal situation.
6. Make your selection by completing sections 1,3,4,& 5 of the Employee Group Benefits Enrollment/Change form.

## INSTRUCTIONS

## Employee Group Benefits Enrollment/Change Form Parts 1 & 3



## GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- Traditional Indemnity Plan
- Blue Choice
- New West Health Plan
- Peak Health Plan

### TRADITIONAL PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network — providers who have agreed to accept certain plan allowances.

### How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as

full payment. Please verify a provider is currently participating by calling BCBS or checking their website.

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

### Bariatric Benefit

This benefit is available only on the Traditional plan. To qualify, the member must be on the State plan for 18 months, have a body mass index over 40, and participate in the *Why Weight* program (page 22) and meet medical necessity requirements for the procedure. For benefits coverage information, see pages 14 & 15.

### Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 32 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services

by calling your plan's customer service phone number, listed at the top of this page.

### Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

### MANAGED CARE PLANS

Blue Choice, New West Health Plan, and Peak Health Plan are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in premium costs, providers and requirements for receiving services.

### How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used,

out-of-network benefits apply (unless a required plan authorization is obtained).

### In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is applied. For a complete listing of all in-network providers including specialists, check the plan administrator's website or call their Customer Service number. An authorization is not required for the plan member to see an in-network specialist. Authorizations **are** required to see an out-of-network specialist and still receive the plan's in-network benefits.

### Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with out authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

To obtain an authorization to see an out-of-network provider from New West or Blue Choice plans, the member must

contact the plan administrator directly.

Referrals for the Peak plan are obtained through your Primary Care Provider.

### Major Plan Differences

The major difference in the managed care plans are the participating providers.

Check which providers participate by visiting the plan websites listed on page 8 or the back of the booklet.

### Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

### SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS mem-

ber providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 29 - 31 for a complete listing of covered zip codes for each plan.

### Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, and Havre.

### New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, Miles City and Lewistown.

### Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

## MEDICAL PLAN COST COMPARISONS

This cost comparison shows how each medical plan would process the same service and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 8. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

Sample Services	Allowable Charge	TRADITIONAL		MANAGED CARE PLANS	
		You pay		In-Network	Out-of-Network
<b>Office visits 1, 2, &amp; 3 (\$50 each)</b>	<b>\$150</b>	<b>You pay →</b>	<b>\$75</b>	<b>\$45</b>	<b>\$150</b>
Copay costs.....				\$45. (\$15/each)	
Costs applied to deductible.....			\$50*		\$150
Coinsurance costs.....			\$25		
<b>Lab charges with office visit 1</b>	<b>\$75</b>	<b>You pay →</b>	<b>\$75</b>	<b>\$75</b>	<b>\$75</b>
Copay costs.....					
Costs applied to deductible.....			\$75	\$75	\$75
Coinsurance costs.....					
<b>Specialist Visit (i.e. dermatologist)</b>	<b>\$200</b>	<b>You pay →</b>	<b>\$200</b>	<b>\$15</b>	<b>\$200</b>
Copay costs.....				\$15	
Costs applied to deductible.....			\$200		\$200
Coinsurance costs.....					
<b>Preferred hospital inpatient</b>	<b>\$8,500</b>	<b>You pay →</b>	<b>\$1,920</b>	<b>\$2,350</b>	<b>\$2,125</b>
Copay costs.....					
Costs applied to deductible.....			\$275	\$350	\$125
Coinsurance costs.....			\$1,645	\$2,000**	\$2,000**

\*First two office visits are exempt from the deductible for this comparison.

\*\*coinsurance out-of-pocket maximum

# PRESCRIPTION DRUG PLAN - 2009



Administered by Caremark • 1-888-347-5329 • www.caremark.com

## Retail Pharmacy Deductible

\$100/Member  
\$300/Family

## Mail Order Pharmacy Deductible

\$0/Member  
\$0/Family

## Out-of-Pocket Maximums

Each Prescription \$285  
Each Member \$1,650/year  
Each Family \$3,000/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$25 If Rx cost is \$25+	• Actual pharmacy charges • 20% coinsurance (\$25 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$40 If Rx cost is \$40+	• Actual pharmacy charges • 40% coinsurance (\$40 minimum)	• \$60 copay + 40% of cost over \$400*

\* For prescriptions costing more than \$400 for a 90-day supply, call Caremark to determine the total out-of-pocket cost.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all state employees, legislators, retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### INSTRUCTIONS

No separate enrollment is required.

### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy.

### Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a pharmacy in the Caremark Preferred Network and have met your deductible, you

only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 26 - 28 of this booklet or on the Caremark website at www.caremark.com.

Formulary drug listings can also be found at the Caremark website or on the Health Care and Benefits website at www.benefits.mt.gov.

### Mail Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail order pharmacies are: Caremark Mail Service Pharmacy (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Health Care and Benefits Division or at the Caremark website at www.caremark.com.

### PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs. Generic and brand-named drugs which are on the formulary list (available at www.benefits.mt.gov) are lower in cost than the brand name alternatives which are not on the formulary listing.

### PRIOR AUTHORIZATIONS

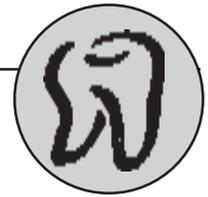
Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.

### COVERAGE NOTE

Coverage for Proton Pump Inhibitors (PPI) such as Aciphex, Nexium, Prevacid and Protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Because of the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order facilities.

**Note:**  
**The deductible does not apply to prescriptions received from one of the mail order pharmacies!**

# DENTAL PLAN - 2009



Administered by Blue Cross/Blue Shield of Montana  
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

## Deductible

\$50/Member  
\$150/Family

## Employee Group Benefits Enrollment/Change Form Parts 1 & 3



## Monthly Premiums

Legislator only	\$34.10
Legislator and spouse	\$51.90
Legislator and children	\$50.40
Legislator and family	\$58.00
Joint Core	\$39.80

## Covered Services

Type A: Preventive and Diagnostic

## Plan Pays

• 100%\*\*

## Limitations/Maximums

- One full-mouth X-ray or series in any 36-month period.
- One set of supplementary bitewing X-rays in any 180-day period.
- Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.)
- No deductible or yearly dollar maximum apply.

Type B: Fillings, Oral Surgery, etc.

• 80%\*\*

- Subject to \$50 combined (with type C) deductible
- Subject to \$1,200 combined (with type C) yearly maximum

Type C: Dentures, Bridges, etc.

• 50%\*\*

- Subject to \$50 combined (with type B) deductible
- Subject to \$1,200 combined (with type B) yearly maximum
- Replacement crowns and dentures are limited to once every five years.
- Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Legislators are required to be enrolled in dental coverage unless they waive the entire benefit package. Members may also choose which dependents to cover.

### INSTRUCTIONS

1. Read about the Dental Plan on this page.
2. Review the costs and coverage of the plan and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing Parts 1 & 3 of the Enrollment/Change Form.

### SERVICE TYPES

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable

charges for covered services.

### Type A Services

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and not more than two sets of supplementary bitewing X-rays in any benefit year.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*
3. Unscheduled minor emergency treatment to relieve pain.

### Type B Services

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics

6. Periodontics

7. Oral surgery

### Type C Services

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for dental implants while under the plan. This maximum is separate from the yearly maximum.
6. Dental sealants, limited to covered dependents under age 16 applied to molars once per tooth per lifetime. Repair and resealing are not covered.

# VISION PLAN - 2009

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.  
 1-866-723-0513 Fax: 1-866-293-7373  
 www.enrollwitheyemed.com/access (prior to enrolling)  
 www.eyemedvisioncare.com (after enrolling)



## Employee Group Benefits Enrollment/Change Form Parts 1 & 3



### Monthly Premiums

Legislator only	\$ 7.64
Legislator and spouse	\$14.42
Legislator and children	\$15.18
Legislator and family	\$22.26

Covered Services Reimbursement	Frequency	Coverage from an EyeMed Doctor	Out of	Network
Eye Exam	12 months	\$10 copay	\$45 allowance	
Frames	24 months	\$125 allowance with 20% discount over \$125	\$47 allowance	
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal	
UV coating		\$15 copay	N/A	
Tint (solid and gradient)		\$15 copay	N/A	
Scratch Resistance (standard)		\$15 copay	N/A	
Polycarbonate		\$40 copay	N/A	
Anti-Reflective Coating (standard)		\$45 copay	N/A	
Progressive Lens		\$65 copay	N/A	
Other Add-ons and Services		20% off retail price	N/A	
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance	

\*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (such as cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other disease of the eye.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Legislators and their dependents are eligible for this optional benefit.

### INSTRUCTIONS

Review the premiums found above and complete Parts 1 & 3 of the Enrollment/Change Form.

### Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

### Locating your Doctor

Check the on-line provider locator at [www.enrollwitheyemed.com/access](http://www.enrollwitheyemed.com/access) for a listing of providers near your zip code.

Once enrolled, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) to view coverage and eligibility information.

### Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens

benefit allowance is not applicable to this service.

### Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), or by calling the Customer Care Center. Forms may be filled in on-line, saved, attached to an e-mail and sent to [oon-claims@eyemedvisioncare.com](mailto:oon-claims@eyemedvisioncare.com).

2) Make an appointment with an out-of-network provider they trust as their choice vision care provider.

3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

You may fax your claim form to the fax number above. For fastest processing of your claim, utilize the fax or e-mail opportunities.

# PRE-TAX PLAN - 2009



Administered by the State of Montana Health Care and Benefits Division  
1-800-287-8266 or 444-7462 in Helena • [www.benefits.mt.gov](http://www.benefits.mt.gov)

## Benefit of Participation

Pre-tax Eligible

## Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, long term disability and flexible spending account elections.

*\*IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.*

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

All employees and legislators enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Legislators can only participate in the Pre-tax plan during the Legislative session.

### INSTRUCTIONS

1. Read about the Pre-tax Plan on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. Your decision needs to be made in Part 1 of the Employee Group Benefits Plan Enrollment/Change Form. If you wish to participate mark the box "Deduct my premiums **before tax**" or if you do not want to participate mark the box "Deduct my premiums **after tax**".

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save you money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan.

### ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), and may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

### INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

### LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the dependent child turns 25 years old, marries or joins the military. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid.

### WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the Division of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

# LIFE INSURANCE PLAN - 2009



Administered by The Standard Insurance Company  
For information, call the Health Care and Benefits Division  
1-800-287-8266 or 444-7462

## Complete the Standard Life Insurance Enrollment/Change Form



### Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.90
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

### Age Rates

Based on employee's age the last day of month

<30....	\$ .03
<35....	\$ .05
<40....	\$ .08
<45....	\$ .10
<50....	\$ .15
<55....	\$ .23
<60....	\$ .43
<65....	\$ .66
65+....	\$ .98

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all legislators unless they waive the benefits. Optional life insurance and Accidental Death & Dismemberment (AD&D) are also available.

### INSTRUCTIONS

1. Read about the various plans on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

### LIFE AND AD&D PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

### CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At

termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

#### Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for legislators.

#### Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

#### Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

**Requests of your annual salary made within your initial enrollment period (31 days) are automatically issued.**

Additional amounts are available in

\$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

#### Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life. You can elect Plan D coverage up to \$10,000 without evidence of insurability (guaranteed enrollment). The legislator must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000.

Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

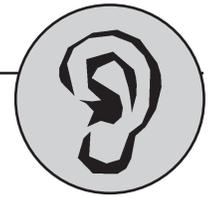
#### Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

**Employee Only:** Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

**Employee and Dependents:** The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

# EMPLOYEE ASSISTANCE PROGRAM - 2009



Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512 •  
www.MyRBH.com access code = State of Montana

## Covered Services

- Short-term Services
  - Counseling
  - Legal Consultations
  - Financial Consultations
  - Prenatal Program
- Long-term Services (Traditional Plan)
  - Counseling
  - Psychiatric Services
  - Chemical Dependency Services

## Costs

- Free
- Free
- Free
- Free
- 25% with RBH referral
- 25% with RBH referral
- 25% with RBH referral

## Annual Maximums

- 4 visits per issue
- 1/2 hour consultation
- unlimited
- 40 outpatient visits
- 40 outpatient visits
- 40 outpatient visits

\*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Schedule of

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees, legislators, retirees, and COBRA members enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

### INSTRUCTIONS

No separate enrollment is required.

### THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

### CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to 4 free counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your

plan administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH at no direct cost to you, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

### LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees.

*Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

### PERSONAL ADVANTAGE WEBSITE

Personal Advantage is a wellness focused website, to access self-care tools and information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

For information on the training available and how to log on, call RBH.

### 24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situa-

tion. To access, call 1-866-750-0512.

### MOMMY TRAX PRENATAL PROGRAM

Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

**Managed Care plan members who enroll in this prenatal program in their first trimester will have many deductibles and copayments waived (see pages 10 & 11).**

You can enroll in this program by simply calling 1-866-750-0512.

### HEALTH COACHING

Have you been thinking about losing weight or trying to exercise more? Maybe now is the time to quit smoking for good. Why not get a little support from a health coach?

All State plan members and their adult dependents have access to **free, confidential health coaching**. This benefit, designed in conjunction with the Wellness Program, offers individuals the opportunity to communicate

#### HELP IS HERE!

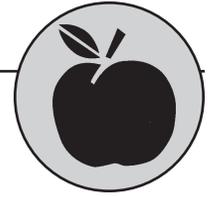
To schedule an appointment for:

- confidential counseling
- health coaching
- legal or financial services
- maternity services
- 24-hour crisis assistance.

#### CALL

**1-866-750-0512**

# WELLNESS PROGRAMS - 2009



Sponsored by the Health Care and Benefits Division  
1-800-287-8266 or 444-7462 • [www.benefits.mt.gov/wellness.asp](http://www.benefits.mt.gov/wellness.asp)

2009 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none"> <li>• Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides</li> <li>• Blood pressure and body mass index</li> <li>• Optional health screening tests and flu shots when available</li> <li>• Information on risk reduction through life-style modifications</li> </ul>
Spring Fitness	Fee varies	<ul style="list-style-type: none"> <li>• Team program designed to get people <i>active</i></li> </ul>
<i>Why Weight</i> loss goals.	Free	<ul style="list-style-type: none"> <li>• Helps qualified members get assistance from a health coach to reach weight goals.</li> </ul>
Weight Watchers		<ul style="list-style-type: none"> <li>• Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement</li> </ul>
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none"> <li>• This educational series offers healthy-living talks by local experts</li> </ul>
<i>Well on the Way</i>	Free	<ul style="list-style-type: none"> <li>• Assists qualified members to obtain health care services</li> </ul>

## GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

### HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Health screenings are offered free every year to the medical plan member, spouses, and children over age 18. By participating in this FREE yearly screening, you save all the copayments or coinsurance that apply through your health plan.

### SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy life-styles. Watch for details and changes in this fun program in the Spring of 2009.

### HUNTER CHALLENGE

If you are a hunter you will want to participate in this six week program to help you get in shape for a more enjoyable and safe hunting trip. A grand prize is awarded at the end of the program.

### WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially for successful participation in the areas of weight, attendance, achievement, and exercise.

For more information on program qualifications and reimbursement instructions, call the Wellness Program or visit the Wellness website.

### LUNCH 'N' LEARN SERIES

Throughout the year, free educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered and suggestions are welcome for future programs.

### QUIT SMOKING

The State plan has partnered with the Montana Tobacco Quit Line. This free telephone service provides cessation counseling services

### TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and

clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same.

### WELL ON THE WAY

By completing a confidential questionnaire, you may qualify for this program designed to assist members with obtaining necessary health care services. Call the Wellness Program for more information.

### WHY WEIGHT

If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. Call RBH at 1-866-750-0512 for more information.

### WELLNESS/BENEFITS NEWSLETTER

A newsletter updating you on benefits and wellness news is mailed to you four times a year. Make sure we have your current address so you don't miss out on articles, programs, and important benefits information.

# LONG TERM CARE INSURANCE - 2009



Provided by UNUM Life Insurance Company  
1-800-227-4165 • [www.unum.com/enroll/stateofmontana](http://www.unum.com/enroll/stateofmontana)

Options	Choices
Care Type	
Plan 1	• Facility ( <i>nursing home or assisted living</i> )
Plan 2	• Facility + Professional Home Care ( <i>Provided by a licensed home health organization</i> )
Plan 3	• Facility + Professional Home Care + Total Home Care ( <i>Care provided by anyone, including family members</i> )
Monthly Benefit	
Nursing Home	• \$1,000 - \$6,000
Assisted Living	• 60% of the selected nursing home amount
Home Care	• 50% of the selected nursing home amount
Duration	
3 year	• 3 years Nursing Home
6 year	• 6 years Nursing Home
Unlimited	• Unlimited Nursing Home
	• or 5 years Assisted Living
	• or 10 years Assisted Living
	• or Unlimited Assisted Living
	• or 6 years Home Care
	• or 12 years Home Care
	• or Unlimited Home Care
Inflation Protection	
Yes	• 5% compounded annually
No	• No protection

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees, legislators, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

### ENROLLMENT

If you would like to sign-up for the plan you may request an enrollment kit by calling the Health Care and Benefits Division at 1-800-287-8266 (444-7462 in Helena) or via e-mail at [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

### LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

**Plan 1:** Facility (Nursing Home or Assisted Living)

**Plan 2:** Facility plus Professional Home Care (provided by a licensed home health organization)

**Plan 3:** Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

### Monthly Benefit Amounts

• Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

• Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

• Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

### Duration

**Three Year:** Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

**Six Years:** Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

**Unlimited:** Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

### Inflation Protection

**Yes:** An inflation protection of 5 percent will be compounded annually.

**No:** No inflation protection will be provided.

# LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

**For rates  
with Inflation  
Protection, see  
page 30**

## PLAN 1 Long-Term Care Facility Non-forfeiture

## PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care

## PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care

Benefit Duration	PLAN 1			PLAN 2			PLAN 3		
Age	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
18 - 30	1.70	2.10	2.80	2.60	3.40	4.70	4.00	5.30	7.60
31	1.70	2.20	2.80	2.60	3.50	4.70	4.00	5.50	7.70
32	1.70	2.20	2.90	2.60	3.60	4.90	4.10	5.60	7.90
33	1.80	2.30	2.90	2.70	3.70	5.00	4.20	5.70	8.00
34	1.80	2.30	3.00	2.80	3.70	5.10	4.30	5.80	8.20
35	1.90	2.40	3.10	2.90	3.90	5.20	4.40	6.00	8.50
36	1.90	2.60	3.20	2.90	4.00	5.40	4.50	6.20	8.70
37	2.00	2.70	3.30	3.10	4.20	5.60	4.70	6.40	9.00
38	2.10	2.80	3.40	3.20	4.30	5.80	4.90	6.70	9.30
39	2.20	2.90	3.60	3.40	4.50	6.00	5.10	6.80	9.60
40	2.30	3.00	3.80	3.50	4.60	6.20	5.20	7.10	10.00
41	2.40	3.10	4.00	3.60	4.80	6.60	5.50	7.40	10.40
42	2.50	3.30	4.00	3.80	5.00	6.70	5.70	7.70	10.70
43	2.60	3.40	4.30	3.90	5.30	7.10	5.90	8.00	11.20
44	2.70	3.60	4.50	4.10	5.50	7.40	6.20	8.40	11.80
45	2.90	3.80	4.70	4.30	5.80	7.70	6.50	8.80	12.30
46	3.00	4.00	5.00	4.50	6.10	8.10	6.80	9.30	12.90
47	3.30	4.20	5.30	4.70	6.30	8.50	7.10	9.80	13.60
48	3.40	4.50	5.60	4.90	6.70	8.80	7.50	10.30	14.30
49	3.70	4.70	5.90	5.20	6.90	9.20	7.90	10.80	15.10
50	3.90	5.10	6.30	5.40	7.30	9.70	8.30	11.40	16.00
51	4.20	5.40	6.80	5.80	7.60	10.20	8.90	12.10	16.90
52	4.50	5.80	7.20	6.10	8.10	10.80	9.50	12.90	18.00
53	4.80	6.20	7.70	6.50	8.50	11.30	10.00	13.50	19.00
54	5.10	6.60	8.20	6.80	9.00	11.90	10.50	14.30	20.10
55	5.50	7.10	8.70	7.30	9.60	12.50	11.20	15.30	21.20
56	6.00	7.70	9.50	7.70	10.20	13.40	11.90	16.30	22.80
57	6.50	8.40	10.30	8.30	10.90	14.20	12.80	17.50	24.40
58	7.10	9.10	11.20	8.90	11.70	15.20	13.60	18.70	26.10
59	7.80	9.90	12.20	9.50	12.60	16.30	14.70	20.00	28.00
60	8.50	10.80	13.30	10.30	13.40	17.40	15.70	21.40	30.00
61	9.40	12.00	14.70	11.20	14.70	19.00	17.00	23.40	32.60
62	10.50	13.30	16.20	12.30	16.00	20.50	18.40	25.20	35.20
63	11.60	14.70	18.00	13.40	17.50	22.50	19.90	27.40	38.40
64	12.90	16.40	19.90	14.80	19.20	24.50	21.70	29.90	41.70
65	15.00	18.90	22.90	16.80	21.80	27.70	24.20	33.40	46.60
66	16.60	20.90	25.40	18.50	24.00	30.40	26.10	36.10	50.50
67	18.60	23.40	28.30	20.60	26.60	33.60	28.60	39.50	55.10
68	20.70	25.90	31.40	22.80	29.40	37.20	31.20	43.10	60.10
69	23.00	28.80	34.90	25.20	32.40	41.00	34.10	47.00	65.60
70	25.70	32.00	38.70	28.00	35.90	45.30	37.20	51.40	71.50
71	28.40	35.40	42.80	30.80	39.50	49.80	40.40	55.90	77.70
72	31.60	39.40	47.50	34.20	43.80	55.00	44.20	61.20	84.90
73	34.90	43.30	52.10	37.60	47.90	60.00	48.10	66.50	91.80
74	38.80	48.00	57.60	41.50	53.00	66.10	52.60	72.70	100.00
75	46.50	57.40	68.60	49.60	63.10	78.70	62.20	86.00	118.00
76	51.20	63.30	75.90	54.50	69.40	86.40	67.60	93.60	128.40
77	55.90	69.00	82.70	59.30	75.40	93.80	72.80	100.90	138.30
78	61.50	75.80	90.70	65.00	82.60	102.60	79.20	109.80	150.20
79	67.70	83.40	99.60	71.40	90.60	112.30	86.20	119.50	163.10
80	74.60	91.60	109.30	78.40	99.30	122.90	93.80	130.00	177.10
81	81.70	100.10	119.20	85.60	108.20	133.60	101.40	140.50	190.80
82	90.80	111.10	132.00	95.00	119.80	147.50	111.70	154.60	209.20
83	100.50	122.60	145.50	104.90	132.10	162.20	122.70	169.70	228.90
84	109.90	133.80	158.30	114.60	143.90	176.10	133.20	184.20	247.10

# LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit **with Inflation Protection**.

You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.



**PLAN 1**  
Long-Term Care Facility  
Non-forfeiture

**PLAN 2**  
Long-Term Care Facility  
Non-forfeiture  
Professional Home Care

**PLAN 3**  
Long-Term Care Facility  
Non-forfeiture  
Total Home Care

Benefit Duration		PLAN 1			PLAN 2			PLAN 3		
		3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00	8.20	10.90	14.60	11.50	15.40	21.50
	31	6.10	8.10	10.20	8.30	11.20	14.90	11.70	15.90	22.00
	32	6.20	8.20	10.60	8.50	11.40	15.40	12.00	16.20	22.50
	33	6.50	8.60	10.80	8.70	11.80	15.70	12.20	16.60	23.00
	34	6.60	8.70	11.00	9.00	12.00	16.00	12.50	17.00	23.40
	35	6.90	9.00	11.40	9.30	12.40	16.40	12.90	17.50	24.10
	36	7.00	9.20	11.70	9.50	12.70	16.90	13.20	17.90	24.60
	37	7.20	9.60	12.00	9.70	13.10	17.40	13.50	18.40	25.30
	38	7.50	9.90	12.40	10.10	13.50	17.80	14.00	19.00	26.00
	39	7.70	10.00	12.70	10.40	13.70	18.20	14.30	19.30	26.50
	40	7.90	10.40	13.00	10.60	14.10	18.70	14.60	19.80	27.30
	41	8.20	10.60	13.50	10.90	14.50	19.30	15.10	20.30	28.00
	42	8.40	10.90	13.70	11.20	14.90	19.60	15.40	20.80	28.60
	43	8.60	11.30	14.10	11.50	15.30	20.20	15.90	21.40	29.40
	44	9.00	11.70	14.60	11.90	15.90	20.80	16.40	22.10	30.30
	45	9.20	11.90	14.90	12.30	16.20	21.30	16.80	22.60	31.00
	46	9.60	12.50	15.50	12.60	16.80	22.00	17.30	23.40	32.10
	47	9.90	12.80	16.10	12.90	17.10	22.50	17.90	24.10	33.10
	48	10.20	13.20	16.60	13.20	17.50	23.10	18.40	24.90	34.20
	49	10.70	13.80	17.10	13.70	18.10	23.60	19.10	25.70	35.20
	50	11.00	14.20	17.80	14.00	18.50	24.30	19.60	26.50	36.50
	51	11.50	14.80	18.50	14.60	19.20	25.10	20.50	27.60	38.00
	52	12.10	15.50	19.30	15.10	19.90	25.90	21.30	28.70	39.40
	53	12.40	16.00	19.90	15.40	20.30	26.60	21.90	29.60	40.80
	54	12.90	16.70	20.80	15.90	21.10	27.40	22.60	30.70	42.20
	55	13.80	17.70	21.90	16.70	21.90	28.30	23.50	31.70	43.30
	56	14.50	18.60	23.00	17.40	22.80	29.40	24.50	33.10	45.20
	57	15.30	19.60	24.20	18.30	23.80	30.80	25.80	34.70	47.60
	58	16.20	20.80	25.60	19.10	25.00	32.10	26.90	36.40	49.90
	59	17.10	21.90	26.90	20.00	26.10	33.60	28.20	38.10	52.30
	60	18.30	23.10	28.40	21.10	27.30	35.00	29.60	40.00	54.80
	61	19.70	25.20	30.80	22.50	29.40	37.50	31.50	42.80	58.70
	62	21.40	27.10	33.00	24.20	31.30	39.70	33.50	45.50	62.30
	63	22.90	29.10	35.50	25.70	33.30	42.30	35.50	48.30	66.30
	64	25.00	31.60	38.40	27.80	35.90	45.20	38.00	51.70	70.80
	65	28.10	35.50	43.00	30.90	39.80	50.00	41.70	56.80	77.80
	66	30.40	38.30	46.40	33.10	42.70	53.70	44.20	60.30	82.80
	67	33.20	41.80	50.50	36.10	46.40	58.20	47.60	65.10	89.10
	68	35.90	45.20	54.60	38.90	50.00	62.70	50.80	69.40	95.10
	69	39.20	48.90	59.20	42.30	54.00	67.80	54.60	74.40	102.20
	70	42.30	52.90	64.00	45.50	58.20	73.10	58.20	79.60	109.30
	71	46.10	57.50	69.30	49.40	63.10	78.90	62.40	85.50	117.10
	72	50.20	62.70	75.50	53.70	68.50	85.60	67.20	92.10	125.90
	73	54.10	67.10	80.80	57.70	73.40	91.40	71.80	98.20	134.00
	74	59.00	73.00	87.60	62.60	79.60	98.80	77.20	105.60	143.70
	75	69.20	85.60	102.50	73.30	93.00	115.30	89.70	122.70	166.50
	76	75.30	93.00	111.50	79.50	100.80	125.00	96.40	132.10	179.20
	77	80.60	99.40	119.10	84.80	107.50	133.30	102.00	139.90	189.70
	78	87.40	107.70	128.80	91.80	116.10	143.70	109.50	150.10	203.20
	79	94.10	115.80	138.50	98.70	124.80	154.20	117.00	160.70	217.20
	80	102.20	125.60	149.80	106.90	135.00	166.50	125.80	172.70	233.10
	81	110.20	135.10	161.00	115.10	145.00	178.50	134.40	184.40	248.40
	82	120.80	147.70	175.60	125.80	158.20	194.40	146.00	200.30	269.00
	83	131.70	160.70	190.70	137.00	172.00	210.70	158.40	217.20	290.70
	84	141.70	172.70	204.20	147.30	184.60	225.30	169.40	232.60	309.90

# CAREMARK NETWORK PHARMACIES

\* Network Pharmacies are subject to change

**MAIL ORDER  
PHARMACIES**

**Caremark Mail Service Pharmacy**  
**1-888-347-5329**  
**www.caremark.com**

**Ridgeway Pharmacy**  
**1-800-630-3214**  
**1-406-777-5425**

CITY	PHARMACY
Anaconda	CVS Pharmacy Safeway Pharmacy Thrifty Drug Store
Baker	Baker Rexall Drug Company Lawler Drug
Belgrade	Albertson's Pharmacy Lee & Dad's Pharmacy
Big Sky	Bozeman Deaconess Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's Pharmacy - Central Ave. Albertson's Pharmacy - Grand Ave. Albertson's Pharmacy - North 27th St. Albertson's Pharmacy - Main St. Aspen Meadows Paharmacy At Home Solutions Billings CBOC Billings Clinic Pharmacy Billings Health & Rehabilitation Center for Healthy Aging Pharmacy Community Health Center Pharmacy Costco Pharmacy CVS Pharmacy - Grand Ave. CVS Pharmacy - Main St. CVS Pharmacy - North 27th ST. Deaconess Billings Clinic Aspen First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Pharmacy One Planned Parenthood of Montana ShopKo Pharmacy St. John's Pharmacy St. Vincent's Hospital Pharmacy  Target Pharmacy Walgreens Drug Store - Main St. Walgreens Drug Store - Grand Ave. Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Westpark Pharmacy Woodrows Drugs
Box Elder	Rocky Boy Clinic Pharmacy
Bozeman	Albertson's Pharmacy At Home Solutions Costco Pharmacy CVS Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Price Rite Drug Safeway Pharmacy Smith's Pharmacy Student Health Service Pharmacy Wal-Mart Pharmacy

CITY	PHARMACY
	Western Drug
Broadus	Larry's IGA Pharmacy
Browning	Blackfeet Community Hospital
Butte	Butte CHC Pharmacy CVS Pharmacy Driscoll Drug K Mart Pharmacy Medical Arts Pharmacy Safeway Pharmacy St. James Commu- Three Bears Phar- macy
	nity Hospital Wal-Mart Pharmacy
Chester	Liberty Drug
Chinook	Chinook Pharmacy
Choteau	Choteau Drug Inc
Columbia Falls	Columbia Falls CBOC Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
Columbus	Matovich IGA Discount Drug
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Crow Agency	Crow Hosptial
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's Pharmacy DrugMart
Deer Lodge	Keystone Drug Safeway Pharmacy
Dillon	Pamida Pharmacy Safeway Pharmacy

# CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Ekalaka	Dahl Memorial Hospital		Northern MT Pharmacy Wal-Mart Pharmacy Western Drug Pharmacy
Ennis	Ennis Pharmacy	Hays	Hays Indian Health Center Pharmacy
Eureka	Haines Drug - Eureka	Heart Butte	Heart Butte Pharmacy
Fairfield	Fairfield Drug	Helena	Bergum South Pharmacy Costco Pharmacy CVS Pharmacy - N. Montana Ave. CVS Pharmacy - Euclid Ave. K Mart Pharmacy Safeway Pharmacy ShopKo Pharmacy Snyder Drug Store St. Peter's Pharmacy Wal-Mart Pharmacy
Fairview	Mondak Pharmacy	Jordan	Foster Jordan Drug
Florence	Florence Pharmacy North	Kalispell	Albertson's Pharmacy At Home Solutions Costco Pharmacy Evergreen Pharmacy K Mart Pharmacy Kalispell Regional Medical Center Medical Arts Pharmacy Rosauers Pharmacy ShopKo Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy The Clinical Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
Forsyth	Yellowstone Pharmacy	Lame Deer	Lame Deer Health Center
Fort Benton	Benton Pharmacy	Laurel	CVS Pharmacy Gene's Pharmacy Price's Pharmacy Wal-Mart Pharmacy
Fort Harrison	Fort Harrison VAMC	Lewistown	Albertson's Pharmacy Lewistown Pharmacy Montana Mental Health Nursing Center Pamida Pharmacy Seiden Drug
Frenchtown	Frenchtown Drug	Libby	Center Drug Frank's Drug Libby Drug Rosauers Pharmacy
Gardiner	Gardiner Pharmacy	Livingston	Albertson's Pharmacy Pamida Pharmacy Western Drug
Glasgow	5th Avenue Pharmacy Pamida Pharmacy Western Drug of Glasgow	Lodge Grass	Lodge Gass Pharmacy
Glendive	Albertson's Pharmacy F&G Pharmacy Gabert Clinic Pharmacy	Lolo	Lolo Drug
Great Falls	Albertson's Pharmacy - 3rd St. NW Albertson's Pharmacy - 10th Ave. S. Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Pharmerica  Plaza United Drugs Public Drug Sam's Pharmacy ShopKo Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Walgreen Drug Store - 3rd St. NW Walgreens Drug Store - 10th Ave. S. Wal-Mart Pharmacy	Malta	Valley Drug
Hamilton	Albertson's Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy Walgreens	Miles City	Albertson's Pharmacy
Hardin	Pharmcare Pharmacy		
Harlem	Fort Belknap Pharmacy Milk River Pharmacy		
Harlowton	Wheatland Memorial Pharmacy		
Havre	Albertson's Pharmacy Health Mart K Mart Pharmacy		

# CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Miles City CBOC Wal-Mart Pharmacy	<b>Sidney</b>	Community Clinic Pharmacy Pamida Pharmacy Sidney Health Center White Drug
<b>Missoula</b>	A & C Drug Albertson's Pharmacy - Oxford St. Albertson's Pharmacy - Reserve St. Albertson's Pharmacy - Russell St. Broadway Pharmacy Costco Pharmacy CVS Pharmacy East Gate Drug Garden City Pharmacy Health Services Pharmacy K Mart Pharmacy Missoula Pharmacy Palmer's Drug Partnership Health Center Riverside Health Care Pharmacy  Rosauers Pharmacy Safeway Pharmacy - Reserve St. Safeway Pharmacy - Broadway St. Savmor Drug ShopKo Pharmacy Target Pharmacy Village Health Care Center Wal-Mart Pharmacy - Mullan Rd.  Wal-Mart Pharmacy - Hwy 93 Walmart Drug Store - N. Reserve St. Walmart Drug Store - Brooks St.	<b>St. Ignatius</b>	Mission Drug
		<b>Stevensville</b>	Family Pharmacy Ridgeway Pharmacy Valley Drug
		<b>Superior</b>	Mineral Pharmacy
		<b>Thompson Falls</b>	Doug's Drug
		<b>Three Forks</b>	Three Forks Medical Arts Pharmacy
		<b>Townsend</b>	Townsend Drug
		<b>Troy</b>	Kootenai Drug
		<b>Twin Bridges</b>	Mac's CHC Pharmacy
		<b>Warm Springs</b>	McKesson Medication Mgt
		<b>West Yellowstone</b>	Silvertip Pharmacy
		<b>White Sulphur Spg</b>	Castle Mountain Drug
		<b>Whitefish</b>	Good Medicine Pharmacy Haines Medical Pharmacy Haines Public Drug Safeway Pharmacy
		<b>Whitehall</b>	Whitehall Drug
		<b>Wolf Point</b>	Gillette Pharmacy Wolf Point Pharmacy
<b>Philipsburg</b>	Granite County Hospital Pharmacy		
<b>Plains</b>	Plains Drug		
<b>Plentywood</b>	Plentywood Drug		
<b>Polson</b>	Healthcare Plus Pharmacy Safeway Pharmacy St. Joseph's Retail Pharmacy Wal-Mart Pharmacy		
<b>Poplar</b>	Poplar Pharmacy		
<b>Pryor</b>	Pryor Pharmacy		
<b>Red Lodge</b>	Red Lodge Drug Company		
<b>Ronan</b>	Family Health Pharmacy R & R Health Care Solutions		
<b>Roundup</b>	Pamida Pharmacy		
<b>Scobey</b>	Service Drug Inc.		
<b>Seeley Lake</b>	Healthcare Plus Seeley Lake Pharmacy		
<b>Shelby</b>	Northtown Drug Pamida Pharmacy		

# BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee		Columbia Falls		Grantsdale	59835	Malstrom AFB	59402
59001		59912		Great Falls		Manhattan	59741
Acton	59002	Condon		59401		Marion	59925
Alberton	59820	59826			59403-59406	Martin City	59926
Alder		Conner	59827	Greenough	59836	Martinsdale	59053
59710		Conrad		Hamilton		Marysville	59640
Anaconda		59425		59840		McAllister	59740
59711		Coram		Hardin		McLeod	59052
Arlee		59913		59034		Melrose	
59821		Corvallis		Harlowton		59743	
Augusta		59828		59036		Melville	59055
59410		Creston	59902	Harrison	59735	Milltown	59851
Avon	59713	Crow Agency		Haugan	59842	Missoula	
Ballantine	59006	59022		Havre		59801-59804	
Basin	59631	Custer	59024	59501	ællEl		
Bearcreek	59007	Cut Bank	59427		59601-59602	59806-59808	
Belfry	59008	Darby			59604	59812	
Belgrade	59714	59829				Molt	59057
Belt	59412	Dayton	59914	59620		Monarch	59463
Big Arm	59910	De Borgia	59830		6666	Musselshell	59059
Bigfork	59911	Deer Lodge		Helmville	59843	Neihart	59465
Big Sky	59716	59722		Heron	59844	Norris	59745
Billings		Dell	59724	Highwood	59450	Noxon	59853
59101-59108		Dillon		Hingham	59528	Oilmont	59466
		59725		Hot Springs		Olney	
59111-59112		Divide	59727	59845		59927	
59114-59117	Black Eagle	Dixon	59831	Hungry Horse	59919	Ovando	59854
59414		Drummond	59832	Huntley	59037	Pablo	59855
Bonner	59823	Dupuyer	59432	Huson		Paradise	59856
Boulder		Dutton	59433	59846		Park City	
59632		East Helena		Inverness	59530	59063	
Box Elder	59521	59635		Jackson	59736	Pendroy	59467
Boyd	59013	East Missoula	59801	Jefferson City		Philipsburg	59858
Bozeman	59715	Edgar	59026	59638		Pinesdale	59841
		Elliston	59728	Joliet		Plains	
		Elmo	59915	59041		59859	
Brady	59416	Emigrant	59027	Joplin	59531	Polaris	59746
Bridger		Ennis	59729	Judith Gap	59453	Pole Bridge	59928
59014		Ethridge	59435	Kalispell		Polson	
Broadview	59015	Eureka	59917	59901		59860	
Buffalo	59418	Fairfield			59903	Pompeys Pillar	59064
Butte		59436				Pony	59747
59701		Fishtail	59028	59904		Power	59468
		Florence		Kevin	59454	Pray	59065
59702		59833		Kila	59920	Proctor	59929
		Flowerree	59440	Kremlin	59532	Pryor	
59703		Fort Benton		Lake McDonald	59921	59066	
	59707	59442		Lakeside		Ramsay	59748
Bynum	59419	Fort Harrison	59636	59922		Ravalli	59863
Canyon Creek		Fort Shaw	59443	Laurel		Raynesford	59469
59633		Fortine	59918	59044		Red Lodge	
Cardwell	59721	Frenchtown		Lavina	59046	59068	
Carter	59420	59834		Ledger	59456	Rexford	59930
Cascade		Fromberg	59029	Lima	59739		
59421		Galata	59444	Lincoln	59639		
Charlo	59824	Gallatin Gateway	59730	Livingston	59047		
Chester	59522	Garneill	59445	Lloyd	59535		
Chinook		Garrison	59731	Lodge Grass			
59523		Garryowen	59031	59050			
Choteau		Geraldine		Lolo			
59422		59446		59847			
Clancy		Geyser	59447	Loma	59460		
59634		Gildford	59525	Lonepine	59848		
Clinton	59825	Glen	59732	Lothair	59461		
Clyde Park	59018	Gold Creek	59733				

# NEW WEST MANAGED CARE AREAS

<b>City</b>	<b>Zip Code</b>	<b>City</b>	<b>Zip Code</b>	<b>City</b>	<b>Zip Code</b>	<b>City</b>	<b>Zip Code</b>
Absarokee	59001	Dayton	59914	Inverness	59530	Pryor	59066
Acton	59002	Deer Lodge	59722	Jefferson City	59638	Radersburg	59641
Alberton	59820	Denton	59430	Joliet	59041	Ramsay	59748
Alder	59710	Dillon	59725	Joplin	59531	Rapelje	59067
Anaconda	59711	Divide	59727	Jordan	59337	Ravalli	59863
Angela	59312	Dixon	59831	Judith Gap	59453	Raynesford	59469
Arlee	59821	Dodson	59524	Kalispell	59901-59904	Red Lodge	59068
Augusta	59410	Drummond	59832	Kevin	59454	Red Stone	59287
Avon	59713	Dupuyer	59432	Kila	59920	Reed Point	59069
Bainville	59212	Dutton	59433	Kinsey	59338	Ringling	59642
Ballantine	59006	East Helena	59635	Kremlin	59532	Roberts	59070
Basin	59631	Edgar	59026	Lake McDonald	59921	Rollins	59931
Bearcreek	59007	Elliston	59728	Lakeside	59922	Ronan	59864
Belfry	59008	Elmo	59915	Lambert	59243	Roscoe	59071
Belgrade	59714	Emigrant	59027	Laurel	59044	Rosebud	59347
Belt	59412	Ethridge	59435	Lavina	59046	Roundup	59072-59073
Big Arm	59910	Fairfield	59436	Ledger	59456	Roy	59471
Big Sandy	59520	Fairview	59221	Lewistown	59457	Rudyard	59540
Big Sky	59716	Fallon	59326	Libby	59923	Ryegate	59074
Big Timber	59011	Fishtail	59028	Livingston	59047	Saco	59261
Bigfork	59911	Flaxville	59222	Lloyd	59535	Saint Ignatius	59865
Billings	59101-59108	Florence	59833	Lodge Grass	59050	Saint Regis	59866
	59111-59117	Floweree	59440	Lolo	59847	Saint Xavier	59075
Black Eagle	59414	Forest Grove	59441	Loma	59460	Sand Coulee	59472
Bonner	59823	Forsyth	59327	Lonepine	59848	Sanders	59076
Boulder	59632	Fort Benton	59442	Loring	59537	Shawmut	59078
Box Elder	59521	Fort Harrison	59636	Malta	59538	Shelby	59474
Boyd	59013	Fort Shaw	59443	Malmstrom AFB	59402	Shepherd	59079
Bozeman	59715	Frenchtown	59834	Manhattan	59741	Sidney	59270
	59717-59719	Fromberg	59029	Marion	59925	Silver Star	59751
	59771-59773	Galata	59444	Martin City	59926	Simms	59477
Brady	59416	Gallatin Gateway	59730	Martinsdale	59053	Somers	59932
Bridger	59014	Garneill	59445	Marysville	59640	Springdale	59082
Broadview	59015	Garrison	59731	McLeod	59052	Stevensville	59870
Brusett	59318	Garryowen	59031	Melville	59055	Stockett	59480
Buffalo	59418	Geraldine	59446	Mildred	59341	Stryker	59933
Butte	59701-59703	Gildford	59525	Miles City	59301	Sula	59871
	59707	Glen	59732	Milltown	59851	Sun River	59483
	59750	Gold Creek	59733	Missoula	59801-59804	Sunburst	59482
Bynum	59419	Grantsdale	59835		59806-59808	Superior	59872
Canyon Creek	59633	Grass Range	59032		59812	Terry	59349
Cardwell	59721	Great Falls	59401	Moccasin	59462	Thompson Falls	59873
Carter	59420		59403-59406	Molt	59057	Three Forks	59752
Cascade	59421	Greenough	59836	Moore	59464	Toston	59643
Charlo	59824	Hall	59837	Musselshell	59059	Townsend	59644
Chester	59522	Hamilton	59840	Neihart	59465	Troy	59935
Chinook	59523	Hardin	59034	Noxon	59853	Twin Bridges	59754
Choteau	59422	Harlowton	59036	Oilmont	59466	Two Dot	59085
Clancy	59634	Hathaway	59333	Outlook	59252	Ulm	59485
Clinton	59825	Havre	59501	Pablo	59855	Vaughn	59487
Clyde Park	59018	Helena	59601-59602	Paradise	59856	Victor	59875
Cohagen	59322		59604	Park City	59063	Warm Springs	59756
Colstrip	59323		59620	Pendroy	59467	Westby	59275
Columbia Falls	59912		59623-59626	Philipsburg	59858	West Glacier	59936
Columbus	59019	Heron	59844	Pinesdale	59841	Whitefish	59937
Condon	59826	Highwood	59450	Plains	59859	White Splhr Sprgs	59645
Conrad	59425	Hilger	59451	Plentywood	59254	Whitehall	59759
Coram	59913	Hingham	59528	Polaris	59746	Whitetail	59544
Corvallis	59828	Hobson	59452	Polebridge	59928	Whitewater	59544
Crane	59217	Hot Springs	59845	Polson	59860	Wilsall	59086
Crow Agency	59022	Hungry Horse	59919	Pompeys Pillar	59064	Winston	59647
Custer	59024	Huntley	59037	Power	59468	Wolf Creek	59648
Dagmar	59219	Huson	59846	Pray	59065	Worden	59088
Darby	59829	Hysham	59038	Proctor	59929	Zurich	59547

# PEAK HEALTH AREAS

<b>City</b>	<b>Zip Code</b>
Acton	59002
Anaconda	59711
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Huntley	59037
Hysham	59038
Joliet	59041
Lame Deer	59043
Lavina	59046
Melrose	59743
Ramsay	59748
Rosebud	59347
Rygate	59074
Sanders	59076
Shepherd	59079
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

# PARTICIPATING FACILITIES - TRADITIONAL PLAN

## Preferred 20% Coinsurance

Anaconda Community Hospital of Anaconda  
 Baker Fallon Medical Complex  
 Big Sandy Big Sandy Medical Center  
 Big Timber Pioneer Medical Center  
 Billings Advanced Care Hospital  
 Billings Cataract and Laser Surgicenter  
 Billings Clinic Hospital  
 Health South Surgery Center  
 LaGreca Eye Clinic/Surgicenter  
 St. Vincent Healthcare  
 Yellowstone Surgery Center  
 Bozeman Bozeman Deaconess Hospital  
 Rocky Mountain Surgical Center  
 Same Day Surgery Center  
 Butte St. James Community Healthcare  
 Summit Surgery Center  
 Chester Liberty County Hospital  
 Choteau Teton Medical Center  
 Circle McCone County Health Center  
 Columbus Stillwater Community Hospital  
 Conrad Pondera Medical Center  
 Culbertson Roosevelt Memorial Medical Center  
 Cut Bank Northern Rockies Medical Center  
 Deer Lodge Powell County Memorial Hospital  
 Dillon Barrett Hospital & Health Care  
 Ekalaka Dahl Memorial Healthcare  
 Ennis Madison Valley Hospital  
 Forsyth Rosebud Health Care Center  
 Fort Benton Missouri River Medical Center  
 Glasgow Frances Mahon Deaconess Hospital  
 Glendive Glendive Medical Center  
 Great Falls Benefis Healthcare  
 Central Montana Surgical Hospital  
 Great Falls Clinic Surgery Center  
 Pacific Cataract and Laser Institute  
 Hamilton Marcus Daly Memorial Hospital  
 Hardin Big Horn County Memorial Hospital  
 Harlowton Wheatland Memorial Hospital  
 Havre Northern Montana Hospital

Helena Helena SurgiCenter  
 Shodair Hospital  
 St. Peter's Hospital  
 Jordan Garfield County Health Center  
 Kalispell Heathcenter Northwest  
 Kalispell Regional Medical Center  
 Orthopedic Surgery Center  
 Lewistown Central Montana Medical Center  
 Libby St. John's Lutheran Hospital  
 Livingston Livingston Healthcare  
 Malta Phillips County Medical Center  
 Miles City Holy Rosary Healthcare  
 Missoula Big Sky Surgery Center  
 Community Medical Center  
 Missoula Bone & Joint Surgery Center  
 Providence Surgery Center  
 St. Patrick Hospital and Health Sciences  
 Granite County Medical Center  
 Plains Clark Fork Valley Hospital  
 Plentywood Sheridan Memorial Hospital  
 Polson St. Joseph Hospital  
 Poplar Poplar Community Hospital  
 Red Lodge Beartooth Hospital and Health Center  
 Ronan St. Luke Community Hospital  
 Roundup Roundup Memorial Hospital  
 Scobey Daniels Memorial Hospital  
 Shelby Marias Medical Center  
 Sheridan Ruby Valley Hospital  
 Sidney Sidney Health Center  
 Superior Mineral Community Hospital  
 Terry Prairie Community CAH  
 Townsend Broadwater Health Center  
 Whitefish North Valley Hospital  
 White Sulphur Mountainview Medical Center  
 Springs  
 Wolf Point Northeast Montana Health Services

## Non-preferred 35% Coinsurance

## All other 25% Coinsurance

# PARTICIPATING HOSPITALS - MANAGED CARE PLANS

## BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	Advanced Care Billings Clinic Hospital St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Memorial Hospital
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital St. Peter's Hospital
Kalispell	Healthcenter Northwest Kalispell Regional Medical Center
Livingston	Livingston Memorial Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center St. Patrick Hospital and Health Sci- ences Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

## PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

## NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital St. Peter's Hospital Garfield County Health Center
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare Community Medical Center
Missoula	St. Patrick Hospital and Health Sci- ences Center
Plainsburg	Granite County Medical Center Hospital
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
White Sulphur Springs	Mountainview Medical Center

# MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

## STATE CONTRIBUTION FOR 2009

**LEGISLATORS** \$ \_\_\_\_\_ (a)

## CORE BENEFITS

**MEDICAL PLAN** (See rates on page 8) **Traditional:** \$ \_\_\_\_\_ (b)

**Blue Choice:** \$ \_\_\_\_\_ (b)

**New West:** \$ \_\_\_\_\_ (b)

**Peak Health:** \$ \_\_\_\_\_ (b)

CHOOSE ONE

**DENTAL PLAN** (See rates on page 17) \$ \_\_\_\_\_ (c)

**BASIC LIFE INSURANCE OF \$14,000** (Page 20) \$ \_\_\_\_\_ (d)

**TOTAL CORE BENEFITS PREMIUM** Add lines b, c, and d = \$ **1.90** (e)

## OPTIONAL BENEFITS

**VISION PLAN** (See Rates on Page 18) \$ \_\_\_\_\_ (f)

**LIFE INSURANCE** (See rates on page 20) **Dependent Life for \$.52** (\$2,000/spouse; \$1,000/child) \$ \_\_\_\_\_ (g)

**Optional Employee Life** (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (h)

**Supplemental Spouse** (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (i)

**Accidental Death & Dismemberment** (\$.020 or \$.030 (with dependents) x every \$1,000 of coverage) \$ \_\_\_\_\_ (j)

**LONG TERM CARE** (See Rates on Pages 24 & 25) \$ \_\_\_\_\_ (k)

**OPTIONAL BENEFITS PREMIUM** Add lines f, g, h, i, j and k = \$ \_\_\_\_\_ (l)

## TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2009 BENEFITS

**CORE BENEFITS** Enter amount from line e \$ \_\_\_\_\_ (m)

**OPTIONAL BENEFITS** Enter amount from line l \$ \_\_\_\_\_ (n)

**TOTAL BENEFITS** Add lines m and n \$ \_\_\_\_\_ (o)

**STATE CONTRIBUTION** Enter amount from line a \$ **626.00** (p)

**TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2009 BENEFITS** Subtract line o from p \$ \_\_\_\_\_

# NOTES

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# NOTES

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